

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00265546
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>FACEBOOK</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 26 / 2020</b>
Mailing Address <b>1 HACKER WAY</b>		Amount <b>2900.00</b>
City <b>MENLO PARK</b>	State <b>CA</b>	Zip Code <b>94025</b>
Purpose of Expenditure <b>FACEBOOK ADS (ESTIMATED)</b>	Category/Type <b>004</b>	Transaction ID : <b>SE.18011</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Trump, Donald, , ,</b>		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WA</b>
Calendar Year-To-Date Per Election for Office Sought <b>4900.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>2900.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>2900.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DIXON, DIANA RENEE, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
**10 / 27 / 2020**

Signature